Reset Form

RECORD OF APPOINTMENT OF LOCAL HEALTH OFFICER

State Form 48135 (R4 / 2-09)
INDIANA STATE DEPARTMENT OF HEALTH

INSTRUCTIONS: *Mail to:* *Primary Care Office*
Indiana State Department of Health
2 N. Meridian Street – 2J
Indianapolis, IN 46204

In accordance with IC 16-20-2-16, IC 16-20-3-9, or IC 16-22-8-30, the Board of Health of

_____ has, this the _____ day of _____, _____ appointed
(name or county or city) *(day)* *(month)* *(year)*

_____ to serve as Health Officer of _____ for a term
(name of appointee) *(county/city)*

of four years beginning _____ _____ _____ and expiring on _____ _____ _____
(month) *(day)* *(year)* *(month)* *(day)* *(year)*

_____ _____
(signature of Chr. Local Health Board) *(date signed)*

☐ New Appointment ☐ Reappointment

QUALIFICATIONS OF APPOINTEE

Indiana License Number: _____ **License Unlimited** ☐ YES ☐ NO

Specialty Board Certifications: _____

Public Health Experience ☐ YES ☐ NO
Location of Public Health Experience: _____
_____

Degree: ☐ M.D. ☐ D.O. ☐ Public Health Degree: _____
Name & Address of University granting Degree: _____
_____Year Granted: _____

Home Address: _____ Home Phone: (_____)_____
_____

Office Address: _____ Office Phone: (_____)_____
_____

Email Address: _____ Cell Phone: (_____)_____

Has a State or Territory revoked or suspended a full-practice license held by you within the past five years?
☐ YES ☐ NO If yes, please describe reason, _____
_____

To the best of my knowledge, all of the aforementioned is correct:

_____ _____
(Signature of appointed local health officer) *(date)*

This is to Certify the action of the Local Board of Health in the appointment of the Health Officer of

_____
(county/city)

_____ _____
(signature county/city executive) *(date signed)*